

## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
<b>Due Dates</b> All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Judith Basin			23		ord K-12 Schools		0464
Route #	Length	of Route	(miles per day)	Type o	f Service   Bus Route Mi  Non Bus Mile	_	Rated Capacity
2	96			Bus F	Route Mileage	aye	41
Vehicle I.D. #	Li	icense #		□ Distric		District Own	ed
7219	1	50			act - If so, Name of Owner acted rate per mile		
Reimbursement Distribution- En	iter the le	egal entity		ge of state/co		aid to each dis	strict. Note: Percentages
Legal Entity	L	egal Entity		Legal E		Legal Entit	ty
0464							
% 100.00		%		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupil	Is	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/h	 Kindergart	ten	NOMBLA		NOMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ride	ers)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee.  We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees							
					accordance with Section 2		
This Application for Registration area assigned to it by the Count	of Scho	ool Bus and	d State Reimbursemen				
Signature - Chair, County Transporta	ation Com	nmittee				Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Judith Basin Stanford K-12 Schools 0464 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 89 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 3590 226 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0464 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	d in accordance wi	ith Title 20	Chapter 10 Part 1 MCA	School di	strict official must complete	one form for ea	ach bus route that		
			sportees of another legal e				Rate Per Mile		
	Due Dates:			ounty Sup					
	All Routes		Octo	ber 1	October 15		\$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Judith Basin			23	Stanfo	ord K-12 Schools		0464		
Route #	Route # Length of Route (miles per day)			Type of	Service   Bus Route N  Non Bus Mil		Rated Capacity		
3	90			Bus R	Bus Route Mileage 41				
Vehicle I.D. #		License #	‡	□ District	: Owned ct - If so, Name of Owner	District Own	ed		
3430		208			cted rate per mile				
Reimbursement Dis	stribution- Enter the	e legal ent		e of state/co	unty reimbursement to be	paid to each dis	strict. Note: Percentages		
Legal Entity		Legal En		Legal E		Legal Entit	у		
0464									
% 100.00		%		%		%			
PASSENGER INFO	ORMATION								
Number of Prescho	ol/Kindergarten pu	ıpils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS		
			a		b		С		
L Regular (include eligib	le Preschool/Kinderg	arten	NUMBER		NUMBER		a + b		
riders)  1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Tra	. ,	e							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public School		3							
miles OR nonresident agreement)									
(Include ineligible Pres Nonpublic School Ride		iders)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
oignature - Onan, Boa	iiu oi Tiusiees					Date			
This Application for area assigned to it	Registration of Sc	hool Bus a	and State Reimbursement		accordance with Section eviewed and I certify that the				
Signature - Chair, Cou	<u> </u>					Date			



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in a receives state reimburse					strict official must complete ilize the services.	one form for ea	ach bus route that		
	e Dates: Routes			ounty Supt ber 1	t To OPI October 15		Rate Per Mile \$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Judith Basin		23		ord K-12 Schools		0464			
Route #	Lengt	h of Route	(miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity		
4	84			Bus R	Bus Route Mileage 47				
Vehicle I.D. # 9685		License # 238		<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li></ul>					
Reimbursement Distribu	tion- Enter the	legal entity		of state/co	unty reimbursement to be p	oaid to each dis	strict. Note: Percentages		
Legal Entity 0464		Legal Entit		Legal E		Legal Entit	у		
% 100.00		%		%		%			
PASSENGER INFORMA	ATION								
Number of Preschool/Kir riding this route	ndergarten pup	oils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-1:		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Pre	eschool/Kinderga	irten	NOWBER		NOMBER		u · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC	<del>(</del> )								
Non-WC IEP Lists Trans as	Related Service								
TOTAL ELIGIBLE RIDE	RS								
Ineligible Public School Ride miles OR nonresident and n									
agreement) (Include ineligible Preschoo		ders)							
Nonpublic School Riders (in	eligible)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
					rue and complete to the be essigned by the County Tra				
Signature - Chair, Board of			,		,,	Date			
This Application for Regi area assigned to it by the	istration of Sch e County Trans	ool Bus an sportation (	d State Reimbursement		accordance with Section eviewed and I certify that the	is bus operates			
Signature - Chair, County To	ransportation Co	mmittee				Date			



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
<b>Due Date</b> All Routes			o County Sup October 1	t To OPI October 15		Rate Per Mile \$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Judith Basin		23	Hobse	on K-12 Schools		0469	
Route #	Length of Ro	oute (miles per day)	Type o	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity	
6	101		Bus F	Route Mileage	aye	48	
Vehicle I.D. #	License	e #	□ Distric		District Own	ed	
9614	245			ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Er	nter the legal e		tage of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0469	Legal I		Legal E		Legal Entit	у	
0409							
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY R	IDEDE	HIGH SCHOOL RI	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-		(Grades 9-12		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)	Kindergarten	NOMBER		HOMBER			
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
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Signature - Chair, Board of Trustees	•				Date		
This Application for Registration area assigned to it by the Count	of School Bu ty Transportat	s and State Reimburseme on Committee.		accordance with Section 2 eviewed and I certify that this	s bus operates		
Signature - Chair, County Transport	ation Committee	•			Date		



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							ne form for e	ach bus route that
receives state reimbursement e	ven mougn	папър	ortees of another legal e	Tillity Tilay C	illiize li ie se	i vices.		Rate Per Mile
<b>Due Date</b> All Routes				ounty Sup	ot	To OPI October 15		\$0.95
All Roules	•		Octo	Dei i		October 15		φ0.93
County Name			County Number	Distric	t Name			Legal Entity Number
Judith Basin			23	Hobs	on K-12 S	Schools		0469
Route #	Length of	Route	(miles per day)	Type o	of Service	☐ Bus Route Mile	-	Rated Capacity
4	128			Rus F	Route Mile	☐ Non Bus Milea	ge	48
Vehicle I.D. #		nse #		□ Distric			istrict Owr	
8859	211				act - If so, N acted rate p	lame of Owner er mile		
Reimbursement Distribution- Er	nter the lega	al entity				ursement to be pa	id to each dis	strict. Note: Percentages
Legal Entity	Lea	al Entity		atch budge Legal I			Legal Enti	hv
0469	Leg	ai Liiui	у	Legari	_ iiiity		Legal Littl	Ly
% 100.00	Q	%		%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	:De		IGH SCHOOL RIE	DEDE	TOTAL
Number of Preschool/Kindergar	ten pupils		(Grades PK-8)	.NO	''	(Grades 9-12)		ELIGIBLE RIDERS
riding this route								
			a			b		С
Regular (include eligible Preschool/	Kindergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)					1			
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
miles OR nonresident and no attend agreement)	lance							
(Include ineligible Preschool/Kinderd Nonpublic School Riders (ineligible)					1			
. ,								
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee.								
We agree to supervision of this be required; to provide a vehicle which	ous and bus re	oute by t	the State Superintendent; to	make such	reports to the	State Superintende	nt and County	Superintendent as are
Superintendent, and to provide a lice	ensed, qualifi	ed and a	approved driver to operate s	uch vehicle	as required b	y 20-10-103, MCA.	ilgiiway i alioi	and the State
We also agree to refrain from sol We understand that violations of							lding of state a	nd county reimbursement for
this bus route.  We agree that if this route crosse	es district line	s and tra	ansports students from outsi	de the distri	ct, a copy of t	he agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.						and approval of the	County Transp	ortation Committee in
I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees		anu Will	imi die dansportadon se	i vice alea	assigneu Dy	Tine County Trans	Date	mmucc.
			ommittee Approval as r					
This Application for Registration area assigned to it by the Coun				nas been r	eviewed an	u i certily that this	bus operates	within the transportation
Signature - Chair, County Transport	ation Commit	ttee					Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for e	ach bus route that
<b>Due Dates</b> All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Judith Basin			23	Hobs	on K-12 Schools		0469
Route #	Length of Route (miles per day)			Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile	-	Rated Capacity
5	124			Bus F	Route Mileage	aye	48
Vehicle I.D. #	Lice	nse #		□ Distric		District Own	ed
2771	214	1			act - If so, Name of Owner acted rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity		e of state/conatch budge		aid to each dis	strict. Note: Percentages
Legal Entity 0469	Leg	al Entity		Legal E		Legal Entit	ty
0409							
% 100.00	c	%		%		%	
PASSENGER INFORMATION			ELEMENTA DV DID	ED0	111011 0011001 B	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/h	Kindergarten		NOWBER		NOWBER		a i b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		)					
TOTAL RIDERS							
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This Application for Registration area assigned to it by the Count	of School ty Transpor	Bus and tation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	ation Commi	ttee				Date	



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This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
<b>Due Dates</b> All Routes			County Suprober 1	t To OPI October 15		\$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Judith Basin		23		on K-12 Schools		0469	
Route #	Length of Rout	e (miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile	•	Rated Capacity	
3	122		Bus R	Route Mileage	J	48	
Vehicle I.D. # 1528	License #	<u>:</u>		ct - If so, Name of Owner	District Own	ed	
Reimbursement Distribution- En		ty number and percentag		cted rate per mile	naid to each dis	etrict Note: Percentages	
		must m	nat <u>c</u> h budget	!!			
Legal Entity 0469	Legal En	uty	Legal E	ntity	Legal Entit	ey .	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k	Kindergarten	HOMBER		NOMBLIX		u i	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten nders)						
TOTAL RIDERS							
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I certify that this application for r	•			•	,	7	
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date						minuto.	
County 1 This Application for Registration area assigned to it by the Count	of School Bus a	and State Reimbursement		accordance with Section eviewed and I certify that the			
Signature - Chair, County Transporta	•				Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 2D. Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reinbursement even though transporters of another legal entity may utilize the services.  Rate Per Mile County Name  Due Dates:  Occurity Name  Doubles:  Occurity Name  Doubles:  Occurity Name  Doubles:  Doubles: Doubles							011001 100	2. 2000 200	•	
Judith Basin    Second   Contract   Contract   Second   S		nbursement ev  Due Dates	en thoug		ortees of another legal  To	entity may u  County Sup	tilize the ser	vices. To OPI	one form for e	Rate Per Mile
Route #   Length of Route (miles per day)   Type of Service   Bus Route Mileage   Rated Capacity	County Name				County Number	District	Name			Legal Entity Number
Route #   Length of Route (miles per day)   Type of Service   Bus Route Mileage   Rated Capacity	Judith Basin				23	Hobs	on K-12 S	chools		0469
2					(miles per day)	Туре о				Rated Capacity
Vehicle I.D. #   Cleanse #   District Owned   District Owned   S252   229   District Owned   District Owned   Contracted rate per mile   Legal Entity   Le	2		122						age	48
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity	Vehicle I.D. #		Lic	ense #		□ Distric	t Owned		District Own	ied
Legal Entity  PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils  (Grades PK-8)  Secondary (Grades Secondary (Grades PK-8)  Secondary (Grades PK-8)	5252		22	9			,			
Legal Entity	Reimbursement D	istribution- Ent	ter the leg	gal entity				rsement to be pa	aid to each dis	strict. Note: Percentages
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten numbe			Le	gal Entity					Legal Enti	ty
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten numbe	% 100.00	)		%		%			%	
Number of Preschool/Kindergarten pupils  (Grades PK-8)  (Grades 9-12)  ELIGIBLE RIDERS  A b C C A + b  Regular (include eligible Preschool/Kindergarten inders)  Ist Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation committee. We further certify that this bus transports pupils eligible for school transportation as defined by 2-0-10-101, MCA.  We agree to supervision of this bus and bus route by the Stale Superintendent, in which was a constructed by the Stale Superintendent and county Superintendent and supervised of the Stale Superintendent and county Superintendent and Superintendent and County Superintendent and Superintendent and Superintendent and County Superintendent and Super							_			
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		r Registration	of Schoo	I Bus and	d State Reimbursemen					
					ommittee.				Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
<b>Due Date</b> All Routes				County Suprober 1	t <b>To OPI</b> October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Judith Basin			23		esford Elementary		0471	
Route #	Length	of Route	(miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile:		Rated Capacity	
1-A	114			Bus Route Mileage 24				
Vehicle I.D. #		icense #		☐ District☐ Contra	: Owned Council Counci	District Own	ed	
5054		254			cted rate per mile			
Reimbursement Distribution- Er	nter the le	egal entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages	
Legal Entity 0471	L	egal Entity		Legal E		Legal Entity	у	
						_		
% 100.00		%		%		%		
PASSENGER INFORMATION			ELEMENTARY RIDE	-DQ	HIGH SCHOOL RI	DEDS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupil	Is	(Grades PK-8)	INO	(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)	Kindergart	ten	NOMBLIX		HOMBER			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)						
TOTAL RIDERS								
We hereby certify that this bus wi								
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I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees		-	·			Date		
This Application for Registration	of Scho	ool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
area assigned to it by the Count Signature - Chair, County Transport			Committee.			Date		
						1		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Judith Basin Geyser Public Schools 0472 0473 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 48 4 (B. RILEY) 111 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4181 247 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0472 0473 % % % 50.00 % 50.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

area accigned to it by the obtain, maneportation committee.	
Signature - Chair, County Transportation Committee	Date



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MC ortees of another legal				one form for e	ach bus route that  Rate Per Mile
	Due Dates All Routes				County Sup	t	To OPI October 15		\$0.95
County Name				County Number	Distric	Name			Legal Entity Number
Judith Basin Route #		Length of	f Pouta	(miles per day)		er Public S		0200	0472 0473 Rated Capacity
,			(ITILES per day)	Type of Service ☐ Bus Route Mile ☐ Non Bus Milea				Nated Capacity	
3 - RAYNESFO	RD	123			Bus F	Route Mile	•		48
Vehicle I.D. #		Lice	ense #		□ Distric		me of Owner	District Own	ed
1738		253	3			acted rate pe			
Reimbursement Dis	stribution- En	ter the leg	al entity		ge of state/conatch budge		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Leg	al Entit	у	Legal E			Legal Entit	ty .
0472			04	473					
% 50.00			% 50	.00	%			%	
PASSENGER INFO	ORMATION								
Number of Prescho riding this route	ol/Kindergart	ten pupils		ELEMENTARY RID (Grades PK-8)		HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a			b		c .
Regular (include eligib	le Preschool/K	Cindergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
, ,	4110)								
Additional Wheelchairs									
Non-WC IEP Lists Tra	ins as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public School									
agreement)									
(Include ineligible Pres Nonpublic School Ride	ers (ineligible)	arten nders	)						
TOTAL RIDERS									
County Transportation We agree to superv	n Committee. Vivision of this bu	Ne further cous and bus r	ertify that oute by t	the route established by the this bus transports pupils the State Superintendent; standards as established by	eligible for so to make such	hool transporta	ation as defined by State Superintende	20-10-101, MC ent and County S	A. Superintendent as are
Superintendent; and to We also agree to re	o provide a lice efrain from soli	ensed, qualif citing or cau	ied and a	approved driver to operate ers to solicit students from	such vehicle other transpo	as required by rtation areas.	20-10-103, MCA.		nd county reimbursement for
this bus route.		,	Ü		·			Ü	•
the school boards of b	oth districts sh	all be attach	ned to the	ansports students from out e county superintendent's ( chool year require the filing	copy of this do	cument.	J		10-126(2) MCA, signed by ortation Committee in
accordance with 20-10		egistration	of scho	ool hus and state reimh	ursement is	true and com	nlete to the hest	t of my knowle	edge and belief, and the
bus operates on the	e route as ap	proved by							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation C  Signature - Chair, Board of Trustees  Date							Date		
				ommittee Approval as					
This Application for area assigned to it I					it has been r	eviewed and	I certify that this	bus operates	within the transportation
Signature - Chair, Cou		<u> </u>						Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title	20, Cha	apter 10, Part 1, MCA	. School o	listrict official	I must complete of	one form for e	ach bus route that
receives state reimbursement even though transportees of another					ıtilize the services.			Rate Per Mile
<b>Due Dates:</b> All Routes			<b>To County Supt</b> October 1			To OPI October 15		\$0.95
County Name			County Number District Name		t Name			Legal Entity Number
Judith Basin						r Public Schools		0472 0473
Route # Length of Route (					<ul><li>☐ Bus Route Mileage</li><li>☐ Non Bus Mileage</li></ul>		Rated Capacity	
4-a (B. RILEY) 129.5			Bus Route Mil			·		48
Vehicle I.D. #         License #           4181         247				☐ District Owned Di☐ Contract - If so, Name of Owner			District Own	ned
4181		Contracted rate per mile						
Reimbursement Distribution- Er	nter the legal e	entity nu		e of state/catch budge		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Legal E			≣ntity		Legal Entity		Legal Entity	
0472		0473	0473					
% 50.00	% 50.00 % 50.		0.00 %		%			
PASSENGER INFORMATION	_				T			
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDER (Grades PK-8)		RS	HIGH SCHOOL (Grades 9			TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER			c a+b
Regular (include eligible Preschool/Kindergarten		NOWBLA			NOMBER			a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kindergarten riders)								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill operate entire	lv on the	route established by the	Board of T	rustees and w	ithin the transportat	ion area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certifus and bus route meets the minin	y that thing the standard that the standard that the standard the stan	is bus transports pupils e State Superintendent; to ndards as established by	eligible for so make such the Board o	chool transport reports to the of Public Educa	tation as defined by State Superintende ation, the Montana I	20-10-101, MC ent and County :	A. Superintendent as are
Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for								
this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.								
We understand route changes or						and approval of the	County Transpo	ortation Committee in
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as approved by and within the transportation service area assigned by Signature - Chair, Board of Trustees						the County Transportation Committee.  Date		
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transportation Committee							Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Judith Basin Geyser Public Schools 0472 0473 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 1 (THOMPSON) 92 36 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 2009 216 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0472 0473 % % % 50.00 % 50.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) **ELIGIBLE RIDERS** (Grades 9-12) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Judith Basin Geyser Public Schools 0472 0473 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 2 (CRIPPS) 72 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 8944 248 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0472 0473 50.00 % % % % 50.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С NUMBER NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee